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✓	✓	✓	✓	✓

APPLICANTS

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** CONTINUING DATA ***** ✓

This application is a CIP of 10/027,113 12/20/2001 PAT 6,660,249 ✓
 which claims benefit of 60/258,423 12/27/2000 ✓

** FOREIGN APPLICATIONS *****

None ✓

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 10/01/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 3	TOTAL CLAIMS 20/17	INDEPENDENT CLAIMS 21
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Allowance Initials	✓	✓	✓
Verified and Acknowledged <i>[Signature]</i>	Examiner's Signature <i>[Signature]</i>				

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TITLE

Inhalable aztreonam lysinate formulation for treatment and prevention of pulmonary bacterial infections

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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